Fill in this information to identify your case:		RECEIVED
United States Bankruptcy Court for the:		AND FILED
DISTRICT OF NEVADA		2017 MAR 10 PM 2 07
Case number (if known)	Chapter you are filing under:	- ·
	Chapter 7	U.S. BANKRUPTCY COURT
	☐ Chapter 11	MARY A. SCHOTT, CLERK
	☐ Chapter 12	!
	☐ Chapter 13	☐ Check if this an amended filing
		.
Official Form 101		
Official Form 101		_
Voluntary Petition for Individuals Fi	iling for Bankru	ıptcv

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	EUNIQUE	
	your government-issued picture identification (for	First name	First name
	example, your driver's license or passport).	<u>v</u>	
	,	Middle name	Middle name
	Bring your picture identification to your	BOYD	
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of		
	your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5367	

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Det	otor 1 EUNIQUE V BOYE)	Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		5908 KENMORE STREET North Las Vegas, NV 89031 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Clark County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fi in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) it

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Debtor 1	EUNIQUE V BOYD			Case number (if known)

7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one (Form 201	e. (For a l (0)). Also	orief description of each, s go to the top of page 1 a	ee <i>Notice Required b</i> nd check the appropri	y 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy ate box.	
	choosing to the under	■ Chapt	er 7				
		☐ Chapt	er 11				
		☐ Chapt	er 12				
		☐ Chapt	er 13				
8.	How you will pay the fee	abo orde	☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or che a pre-printed address.				
		☐ I ne	ed to pa	y the fee in installments.	If you choose this op	tion, sign and attach the Application for Individuals to Pay	
			•	ee in Installments (Official	,	ion only if you are filing for Chapter 7. By law, a judge may,	
		but app	is not req lies to yo	uired to, waive your fee, a ur family size and you are	and may do so only if unable to pay the fee	your income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out ficial Form 103B) and file it with your petition.	
9.	Have you filed for bankruptcy within the last 8 years?	■ No.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No	<u></u>	<u>.</u>			
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	□ No.	Go to I	ine 12.			
	residence t	Yes.	Has yo	our landlord obtained an e	viction judgment agai	nst you and do you want to stay in your residence?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial Stater</i> bankruptcy petition.	nent About an Eviction	n Judgment Against You (Form 101A) and file it with this	

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Case number (if known)

12.	Are you a sole proprietor of any full- or part-time business?		Go to Part 4.
		☐ Yes.	Name and location of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code
	it to this petition.		Check the appropriate box to describe your business:
			Health Care Business (as defined in 11 U.S.C. § 101(27A))
			Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
			Stockbroker (as defined in 11 U.S.C. § 101(53A))
			Commodity Broker (as defined in 11 U.S.C. § 101(6))
			☐ None of the above
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation in 11 U.S	efiling under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate it. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of its, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure income. C. 1116(1)(B).
	For a definition of small	No.	I am not filing under Chapter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code
Par	t 4: Report if You Own or	Have Any	Hazardous Property or Any Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.	
	alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is the hazard?
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?
	For example, do you own		
	perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?

Debtor 1 EUNIQUE V BOYD

Debtor 1 EUNIQUE V BOYD

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 EUNIQUE V BOYE)			Case numbe	「 (if known)	
Par	t 6: Answer These Questi	ons for Rep	orting Purposes				
16.	What kind of debts do you have?	16a. A	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
			☐ No. Go to line 16b.				
		1	Yes. Go to line 17.				
				rily business debts? Busin or investment or through the			
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c. S	State the type of debts	you owe that are not consu	ımer debts or busines	s debts	
	Are you filing under Chapter 7?	□ No. I	am not filing under Ch	napter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and			er 7. Do you estimate that a be available to distribute to			d administrative expenses
	administrative expenses	1	No				
	are paid that funds will be available for	[□ Yes				
	distribution to unsecured creditors?						
18.	How many Creditors do	1 -49		1 ,000-5,000	0	25,001-50	0,000
	you estimate that you owe?	□ 50-99		□ 5001-10,00		50,001-10	
		□ 100-199 □ 200-999		☐ 10,001-25,0	000	☐ More than	100,000
19.	How much do you	= \$0 - \$50),000	□ \$1,000,001	- \$10 million	\$ 500,000,	001 - \$1 billion
	estimate your assets to be worth?		- \$100,000		1 - \$50 million		0,001 - \$10 billion
			01 - \$500,000 01 - \$1 million		1 - \$100 million 101 - \$500 million	☐ \$10,000,0	00,001 - \$50 billion 1 \$50 billion
20.	How much do you	□ \$0 - \$50),000	☐ \$1,000,001	- \$10 million	□ \$500,000	001 - \$1 billion
	estimate your liabilities to be?		1 - \$100,000		1 - \$50 million	\$1,000,0	00,001 - \$10 billion
			01 - \$500,000	_	11 - \$100 million 101 - \$500 million	☐ \$10,000,0 ☐ More tha	000,001 - \$50 billion
		\$500,00)1 - \$1 million	<u></u> Ψ100,000,0			
Par	t 7: Sign Below						
For	you	I have exar	mined this petition, and	d I declare under penalty of	perjury that the inforn	nation provided is t	rue and correct.
				apter 7, I am aware that I ma d the relief available under e			
				I did not pay or agree to pa ead the notice required by 1		t an attorney to hel	p me fill out this
		I request re	elief in accordance with	h the chapter of title 11, Uni	ted States Code, spec	cified in this petition	1.
				ement, concealing property, es up to \$250,000, or impris			
			EVBOYD of Debtom	2040'	Signature of Debto	r 2	
		Executed o	March 5, 2017 MM / DD / YYYY		Executed on MM	/ DD / YYYY	

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Debtor 1 **EUNIQUE V BOYD** Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date	March 5, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
Printed name		
Firm name		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	
Bar number & State		

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Debtor 1 EUNIQUE V BOYD

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

filed. You must also b	e familiar with any state exemption laws	that apply.
Are you aware that fill ☐ No ☐ Yes	ing for bankruptcy is a serious action wit	th long-term financial and legal consequences?
Are you aware that be could be fined or impl ☐ No ☐ Yes		nat if your bankruptcy forms are inaccurate or incomplete, you
□No		to help you fill out your bankruptcy forms?
	e of Person JANEE ALLEN	Declaration and Signature (Official Form 440)
Allac	in Bankruptcy Petition Preparer's Notice	, Declaration, and Signature (Official Form 119).
By signing here, I ack this notice, and I am a not properly handle th	aware that filing a bankruptcy case withou	rolved in filing without an attorney. I have read and understood out an attorney may cause me to lose my rights or property if I do
EUNIQUE V BOYD Signature of Debtor 1		Signature of Debtor 2
Date March 5, 20	017	Date
MM / DD / YY	YY	MM / DD / YYYY
	2-844-2152	Contact phone
	2-466-3234	Cell phone
Email address EU	NIQUEBOYD@GMAIL.COM	Email address

Certificate Number: 15725-NV-CC-028831032



CERTIFICATE OF COUNSELING

I CERTIFY that on February 28, 2017, at 12:26 o'clock PM EST, Eunique Boyd received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 28, 2017 By: /s/Rafael Perez

Name: Rafael Perez

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee + \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee+ \$75 administrative fee\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Bankruptcy/Bankruptcy/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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Fill in this information to identify the case:					
Debtor 1	EUNIQUE V BOY	•			
	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEVADA			
Case number			Chapter 7		
(if known)				-	

Official Form 119

Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 3. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Part 1:

Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to retain your home, car, or other property after commencing a case under the Bankruptcy Code;
- · what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

The barkruptcy petition preparer JANEE ALLEN	has notified me of any maximum allowable fee before preparing any document
for filing or accepting any fee.	Date March 1, 2017
Signature of Debto 1)acknowledging receipt of this notice	MM/DD /YYYY

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Debtor 1 EUNIQUE V BOYD Case number (if known)

Part 2:

Declaration and Signature of the Bankruptcy Petition Preparer

Under penalty of perjury, I declare that:

- I am a bankruptcy petition preparer or the officer, principal, responsible person, or partner of a bankruptcy petition preparer;
- I or my firm prepared the documents listed below and gave the debtor a copy of them and the Notice to Debtor by Bankruptcy Petition Preparer as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and
- if rules or guidelines are established according to 11 U.S.C. § 110(h) setting a maximum fee for services that bankruptcy petition preparers may charge, I or my firm notified the debtor of the maximum amount before preparing any document for filing or before accepting any fee from the debtor.

Prir	ited name	Title, if any	Firm name, if it applie	es			
	D. BOX 570422 S VEGAS, NEVADA 89157		702-716-4170				
	nber, Street, City, State & ZIP Code		Contact phone				
	my firm prepared the documents checked to eck all that apply.)	pelow and the completed	declaration is made a	part o	f each do	cument that I check:	
Z	Voluntary Petition (Form 101)	Schedule I (Form 106I)				Statement of Your Current Monthly	
Y	Statement About Your Social Security Numbers (Form 121)	Schedule J (Form 106J)			ncome (Fo	•	
Y	Your Assets and Liabilities and Certain Statistical Information (Form 106Sum)	Declaration About an Ind (Form 106Dec) Statement of Financial A	ividual Debtor's Schedules	· (ncome and Form 1220	,	
Y	Schedule A/B (Form 106A/B)	C-23	tatement of Intention for Individuals Filing Under hapter 7 (Form 108) hapter 7 Statement of Your Current Monthly come (Form 122A-1)		Chapter 13 Form 1220	13 Calculation of Your Disposable Income 22C-2)	
¥.	Schedule C (Form 106C)	Chapter 7 (Form 108)			Application to Pay Filing Fee in Installments (Form 103A)		
Y	Schedule D (Form 106D)						
Y	Schedule E/F (Form 106E/F)				Application Form 103B	to Have Chapter 7 Filing Fee Waived	
V	Schedule G (Form 106G)	Statement of Exemption Abuse under § 707(b)(2)		`		nes and addresses of all creditors	
Z	Schedule H (Form 106H)		Chapter 7 Means Test Calculation (Form 122A-2)			mailing matrix)	
			,	V (Other _	FORMS 119 & 2800	
Sig res	kruptcy petition preparers must sign and give thich this declaration applies, the signature and place of bankruptcy setition preparer or officer, principles of bankruptcy setition preparer or officer, principles person, or partner	Social Security number of 546-17-1	each preparer must be	provid	ed. 11 U.S	preparer prepared the documents S.C. § 110. March 1, 2017 MM/DD/YYYY	
	ated name				Date	March 1, 2017	
	nature of bankruptcy petition preparer or officer, princ consible person, or partner	ipal, Social Secu	rity number of person who	signed		MM/DD/YYYY	

		Bankruptcy Court	
In re	Junique Boyp	Case N Chapte	<u> </u>
[Mu	DISCLOSURE OF COMPENSATION O st be filed with the petition if a bankruptcy petition		
1.	Under 11 U.S.C. § 110(h), I declare under penattorney, that I prepared or caused to be prepared bettor(s) in connection with this bankruptcy case the filing of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition, or agreed debtor(s) in contemplation of or in connection with the same of the bankruptcy petition of the bankruptcy petition of the bankruptcy petition with the same of the bankruptcy petition of the bankruptcy pet	red one or more documents for e, and that compensation paid to to be paid to me, for service	r filing by the above-named to me within one year before is rendered on behalf of the
For doc	ument preparation services I have agreed to accep	ts <u>2(</u>)
Prior to	the filing of this statement I have received	s <u>2</u>	00.00
Balance	Due	\$	•
2.	I have prepared or caused to be prepared the following	owing documents (itemize):	
and pro	vided the following services (itemize):		
3.	The source of the compensation paid to me was: Other (sp		

- 4. The source of compensation to be paid to me is:
 - Debtor Other (specify)
- 5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case.
- 6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below:

NAME

SOCIAL SECURITY NUMBER

Printed name and title, if any, of Address
Bankruptcy Petition Preparer

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

^{*} If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

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Fill	in this information to identify your cas-	e:			
Det	otor 1 EUNIQUE V BOYD				
Det	First Name	Middle Name	Last Name		
(Spc	use if, filing) First Name	Middle Name	Last Name		
Uni	ted States Bankruptcy Court for the: D	ISTRICT OF NEVADA			
	se number own)			-	if this is an led filing
Of	ficial Form 106Sum				
_	mmary of Your Assets and				2/15
nfo	is complete and accurate as possible. I rmation. Fill out all of your schedules fi r original forms, you must fill out a new	irst; then complete the ir	formation on this form. If you are		
Pai	t 1: Summarize Your Assets				
				Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from			\$	0.00
	1b. Copy line 62, Total personal propert	y, from Schedule A/B		\$	9,930.00
	1c. Copy line 63, Total of all property on	Schedule A/B		\$	9,930.00
Pai	t 2: Summarize Your Liabilities				
				Your lia	abilities you owe
2.	Schedule D: Creditors Who Have Claim 2a. Copy the total you listed in Column A			Schedule D \$	0.00
3.	Schedule E/F: Creditors Who Have Uns 3a. Copy the total claims from Part 1 (p			\$	0.00
	3b. Copy the total claims from Part 2 (n	onpriority unsecured claim	ns) from line 6j of Schedule E/F	\$	65,968.70
			Your	1	65,968.70
Pai	t 3: Summarize Your Income and Ex	penses			
4.	Schedule I: Your Income (Official Form Copy your combined monthly income from	106I)		\$	2,100.00
5.	Schedule J: Your Expenses (Official For				· · · · · · · · · · · · · · · · · · ·
	Copy your monthly expenses from line 2	22c of Schedule J		 \$	2,180.00
Pai	t 4: Answer These Questions for Ad	ministrative and Statistic	cal Records		
6.	Are you filing for bankruptcy under C No. You have nothing to report on		k this box and submit this form to th	ne court with your other sch	nedules.
7.	■ Yes What kind of debt do you have?				
			s are those "incurred by an individuor statistical purposes. 28 U.S.C. §		family, or
	Your debts are not primarily con the court with your other schedules		othing to report on this part of the f	orm. Check this box and su	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 **EUNIQUE V BOYD** Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	31,534.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	31,534.00

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Fill in this info	rmation to identify your cas	se and this filing:		I
Debtor 1	EUNIQUE V BOYD			
i	First Name	Middle Name	Last Name	i
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the: DI	ISTRICT OF NEVADA		
Case number				Check if this is an amended filing
Official Fo	orm 106A/B			
Schedu	le A/B: Prope	rty		12/15
In each category, think it fits best.	separately list and describe it Be as complete and accurate a re space is needed, attach a s	ems. List an asset only once as possible. If two married p	e. If an asset fits in more than one category, li leople are filing together, both are equally res On the top of any additional pages, write your	consible for supplying correct
Part 1: Describe	e Each Residence, Building, La	and, or Other Real Estate Yo	ou Own or Have an Interest In	
1. Do you own or	have any legal or equitable in	terest in any residence, buil	lding, land, or similar property?	
■ No. Go to Pa	art 2.			
Yes. Where	is the property?			
Part 2: Describe	e Your Vehicles			
			les, whether they are registered or not? I G: Executory Contracts and Unexpired Lea	
3. Cars, vans, t	rucks, tractors, sport utility	y vehicles, motorcycles		
■ No				
■ No □ Yes				
			vehicles, other vehicles, and accessorie ls, snowmobiles, motorcycle accessories	s
■ No				
☐ Yes				
5 Add the dol	lar value of the portion you	ı own for all of your entri	ies from Part 2, including any entries for	
pages you h	nave attached for Part 2. W	rite that number here		.,=> \$0.00
Part 3: Describe	e Your Personal and Househo	old Items		
Do you own or	have any legal or equitabl	e interest in any of the fo	ollowing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	goods and furnishings lajor appliances, furniture, lin	nens, china, kitchenware		ciding of exemptions.
Yes. Des	cribe			
	MISC HOUS	EHOLD FURNITURE		\$500.00
7. Electronics Examples: T ir □ No	elevisions and radios; audio, ncluding cell phones, camera	, video, stereo, and digital as, media players, games	equipment; computers, printers, scanners;	music collections; electronic devices
□ No ■ Yes. Des	cribe			
Official Form 106		Schedule	A/B: Property	page 1

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Case 17-11137-btb Doc 1 Entered 03/10/17 14:54:03 Page 20 of 64 Debtor 1 Case number (if known) **EUNIQUE V BOYD** \$500.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No ■ Yes. Describe..... \$500.00 **CLOTHING FOR FAMILY** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$70.00 **EARRINGS** 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,570.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured

claims or exemptions.

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Cash

\$60.00

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De	ebtor 1	EUNIQU	JE V BOYD				Case number (if kn	own)
	Examp		ing, savings,			certificates of deposit; s the same institution, list		age houses, and other similar
	□ No					Institution name:		
	■ Yes					mondation name.		
			47.4	PREPAID C	DEBIT	NETODENO		\$200.00
			17.1	. CARD		NETSPEND		\$300.00
18.				licly traded stoc ment accounts wi		ge firms, money market	accounts	
		••••••		Institution or is	suer name	:		
19.	Non-pu joint ve ■ No		led stock an	d interests in in	corporate	d and unincorporated I	businesses, including an in	terest in an LLC, partnership, and
		Give spec	ific informatio	n about them				
				ame of entity:			% of ownership:	
20.	Negotia	able instrui	<i>ments</i> include	personal checks	s, cashiers	e and non-negotiable in checks, promissory not to someone by signing	tes, and money orders.	
		Give speci	fic information Is	n about them suer name:				
			nsion accou sts in IRA, ER		l(k), 403(b)	, thrift savings accounts	, or other pension or profit-sha	aring plans
	☐ Yes. I	List each a	ccount separ Type	ately. e of account:		Institution name:		
22.	Your sl Examp	hare of all		sits you have ma			ce or use from a company vater), telecommunications co	mpanies, or others
	■ No □ Yes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Institution name or ind	lividual:	
	■ No	·				you, either for life or for a	a number of years)	
	☐ Yes		issuerna	me and descripti	ion.			
24.				in an account i), and 529(b)(1).	n a qualifi	ed ABLE program, or ι	under a qualified state tuitio	n program.
	Yes	•••••	Institution	name and desc	ription. Sep	parately file the records	of any interests.11 U.S.C. § 5	21(c):
25.		. equitable	or future int	terests in prope	rty (other	than anything listed in	line 1), and rights or power	s exercisable for your benefit
	■ No □ Yes.	Give spec	ific informatio	n about them				
26.	Examp ■ No	oles: Intern	et domain nai	mes, websites, p		her intellectual propert om royalties and licensin		
	☐ Yes.	Give spec	ific informatio	n about them				
27.				ner general intar cclusive licenses		ve association holdings,	liquor licenses, professional	icenses
	_	Give spec	ific informatio	n about them				
M	oney or	property o	wed to you?	•				Current value of the

Schedule A/B: Property

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Official Form 106A/B

portion you own?

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Debtor 1	EUNIQUE V BOYD		Case number (if known)	
				Do not deduct secured claims or exemptions.
28. Tax re □ No	efunds owed to you			
■ Yes	. Give specific information ab	out them, including whether you already	filed the returns and the tax years	
			i !	
		TAX RETURN	FEDERAL	\$8,000.00
_		alimony, spousal support, child support, r	maintenance, divorce settlement, property s	ettlement
■ No □ Yes	. Give specific information			
			, sick pay, vacation pay, workers' compens	ation, Social Security
	. Give specific information			
31. Intere Exam ■ No	ests in insurance policies apples: Health, disability, or life	insurance; health savings account (HSA	x); credit, homeowner's, or renter's insuranc	e
	•	ny of each policy and list its value. any name:	Beneficiary:	Surrender or refund value:
If you some	nterest in property that is do are the beneficiary of a living cone has died.	ue you from someone who has died g trust, expect proceeds from a life insura	ance policy, or are currently entitled to recei	ve property because
■ No □ Yes	. Give specific information			
<i>Exan</i> ■ No		ther or not you have filed a lawsuit or disputes, insurance claims, or rights to s		
■ No		ed claims of every nature, including co	ounterclaims of the debtor and rights to	set off claims
	Describe each claimi	already list		
■ No	s. Give specific information	alleady list		
		ur entries from Part 4, including any e re		\$8,360.00
Part 5: D	escribe Any Business-Related	Property You Own or Have an Interest In. L	ist any real estate in Part 1.	
_		able interest in any business-related prope	rty?	
	Go to Part 6. Go to line 38.			

Official Form 106A/B

Schedule A/B: Property

Debto	or 1	EUNIQUE V BOYD		Case number (if known)	
Part 6		cribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	et In.	
_	_ ′	own or have any legal or equitable interest in any farm	- or commercial fishir	g-related property?	
		Go to line 47.			
Part 7	·	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
		have other property of any kind you did not already list les: Season tickets, country club membership	t?		
	No	,			
	Yes.	Give specific information			
54.	Add tl	ne dollar value of all of your entries from Part 7. Write t	nat number here		\$0.00
Part 8	3:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	: Total vehicles, line 5	\$0.00	****	
5 7.	Part 3	: Total personal and household items, line 15	\$1,570.00		
58.	Part 4	: Total financial assets, line 36	\$8,360.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$9,930.00	Copy personal property total	\$9,930.00

Official Form 106A/B

Schedule A/B: Property

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$9,930.00

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E:	Lin thic info	ation to identify your access					
_		ation to identify your case:					
De	ebtor 1	EUNIQUE V BOYD First Name	Middle Name	· · · · · L	ast Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	r	ast Name		
				_	ast Name		
Un	iited States Bani	kruptcy Court for the: DIS	TRICT OF NEVADA				
	se number					Check if this is an amended filing	
	œ: . : . I 🗖	4000					
	fficial For			_	_		
S	chedule	C: The Prope	rty You Cla	im	as Exempt	4/16	
the nee cas For spe any	property you list ded, fill out and e number (if kno each item of p ecific dollar ame applicable sta	ted on Schedule A/B: Property attach to this page as many own). roperty you claim as exempount as exempt. Alternative tutory limit. Some exemption	y (Official Form 106A/B) copies of <i>Part 2: Addition</i> ot, you must specify the ly, you may claim the fors—such as those for	as yo nal Pa e amo full fai r healt	our source, list the property that you ge as necessary. On the top of any pount of the exemption you claim. It market value of the property be	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of penefits, and tax-exempt retirement	
exe	emption to a pa					t, your exemption would be limited	
Pa	rt 1: Identify	the Property You Claim as	Exempt				
1.	Which set of e	exemptions are you claimin	g? Check one only, eve	n if yo	ur spouse is filing with you.		
	You are clai	ming state and federal nonba	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	☐ You are clai	ming federal exemptions. 11	U.S.C. § 522(b)(2)				
2.	For any prope	rty you list on Schedule A/	B that you claim as exe	empt,	fill in the information below.		
		Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own			ount of the exemption you claim	Specific laws that allow exemption	
		- A	Copy the value from Schedule A/B	Copy the value from Check only one box for each exemption.			
		EHOLD FURNITURE	\$500.00		\$500.00	Nev. Rev. Stat. § 21.090(1)(b)	
	Line from Sche	dule A/B: 5. 1			100% of fair market value, up to any applicable statutory limit		
	TV		\$500.00		\$500.00	Nev. Rev. Stat. § 21.090(1)(b)	
	Line from Sche	edule A/B: 7.1	\$300.00		100% of fair market value, up to any applicable statutory limit		
	CLOTHING F	FOR FAMILY	\$500.00		\$500.00	Nev. Rev. Stat. § 21.090(1)(b)	
	Line from Sche	edule A/B: 11.1	\$500.00			3	
					100% of fair market value, up to any applicable statutory limit		
	EARRINGS	A/D: 42.4	\$70.00		\$70.00	Nev. Rev. Stat. § 21.090(1)(a)	
	Line nom Sche	edule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		
	Cash		\$60.00		\$60.00	Nev. Rev. Stat. § 21.090(1)(z)	
	Line from Sche	edule A/B: 16.1			100% of fair market value, up to		

Official Form 106C

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Debtor	1 EUNIQUE V BOYD			Case number (if known)		
	ef description of the property and line on hedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	REPAID DEBIT CARD: NETSPEND the from Schedule A/B: 17.1	\$300.00		\$300.00	Nev. Rev. Stat. § 21.090(1)(z)	
				100% of fair market value, up to any applicable statutory limit		
	FEDERAL: TAX RETURN Line from Schedule A/B: 28.1	\$8,000.00	\$8,000.00		Nev. Rev. Stat. § 21.090(1)(aa)	
Lii	o Holli Galedale 242. 25.1			100% of fair market value, up to any applicable statutory limit		
	e you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ises fi	·		

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Fill in this informatio	n to identify you	r case:				
	UNIQUE V BO	YD Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	st Name	Middle Name	Last Name			
United States Bankrup	otcy Court for the:	DISTRICT OF NEVADA				
Case number						
(if known)					_	t if this is an
					amend	ded filing
Official Form 10	06D					
Schedule D:	Creditors	Who Have Claims	Secured	by Propert	У	12/15
		If two married people are filing toge out, number the entries, and attach				
1. Do any creditors have	claims secured by	your property?				
□ No. Check this	box and submit t	his form to the court with your oth	ner schedules. You	have nothing else	to report on this form.	
Yes. Fill in all o	f the information	below.				
Part 1: List All Sec	cured Claims					
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separator each claim. If more than one creditor has a particular claim, list the other creditors in Part 2.7 much as possible, list the claims in alphabetical order according to the creditor's name.			tors in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the property that secure	es the claim:	\$0.00	\$0.00	\$0.00
Creditor's Name						
		As of the date you file, the claim apply. Contingent	S: Check all that			
Number, Street, City, 5	State & Zip Code	Unliquidated				
Who owes the debt?	Check one.	☐ Disputed Nature of lien. Check all that appl	y.			
Debtor 1 only		An agreement you made (such a	as mortgage or secui	red		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2	2 only	Statutory lien (such as tax lien, r	mechanic's lien)			
At least one of the del		☐ Judgment lien from a lawsuit				
Check if this claim re community debt	elates to a	Other (including a right to offset))			
Date debt was incurred	_ ,	Last 4 digits of account nu	ımber			
	of your form, add	olumn A on this page. Write that no the dollar value totals from all page			\$0.00 \$0.00	
Part 2: List Others	to Be Notified fo	r a Debt That You Already List	ed			
		e notified about your bankruptcy fo		ready listed in Part 1	. For example, if a collection	ction agency is

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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_			
Fill in this	information to identify your case:		
Debtor 1	EUNIQUE V BOYD		
	First Name Mi	ddle Name Last Name	
Debtor 2 (Spouse if, filing	g) First Name Mi	iddle Name Last Name	
United Stat	es Bankruptcy Court for the: DISTR	ICT OF NEVADA	
Case numb	per		
(if known)			☐ Check if this is an
			amended filing
Official [Form 1065/5		
	Form 106E/F	and the same of Claims	40/45
	le E/F: Creditors Who Ha	AVE UNSECURED CIAIMS or creditors with PRIORITY claims and Part 2 for creditors with NONPRIORI	12/15
Schedule G: Schedule D: left. Attach th name and ca	Executory Contracts and Unexpired Leas Creditors Who Have Claims Secured by P the Continuation Page to this page. If you be se number (if known).	d result in a claim. Also list executory contracts on Schedule A/B: Property es (Official Form 106G). Do not include any creditors with partially secured property. If more space is needed, copy the Part you need, fill it out, number have no information to report in a Part, do not file that Part. On the top of an	claims that are listed in the entries in the boxes on the
	List All of Your PRIORITY Unsecured		
	creditors have priority unsecured claims a	against you?	
_	Go to Part 2.		
☐ Yes.			
	ist All of Your NONPRIORITY Unsec		
3. Do any	creditors have nonpriority unsecured clai	ms against you?	
□ No. \	ou have nothing to report in this part. Submi	it this form to the court with your other schedules.	
Yes.			
unsecure	ed claim, list the creditor separately for each	ne alphabetical order of the creditor who holds each claim. If a creditor has m claim. For each claim listed, identify what type of claim it ls. Do not list claims alreer creditors in Part 3.If you have more than three nonpriority unsecured claims fill	eady included in Part 1. If more
ruit 2.			Total claim
4.1		Last 4 digits of account number	\$0.00
	npriority Creditor's Name		
		When was the debt incurred?	****
	nber Street City State ZIp Code o Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
det	ot	\square Obligations arising out of a separation agreement or divorce that you of	lid not
ls t	he claim subject to offset?	report as priority claims	
	· · -	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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Debtor	1 EUNIQUE V BOYD	Case number (if know)			
4.2	AARONS SALES AND LEASE	Last 4 digits of account number	\$400.00		
	Nonpriority Creditor's Name AARONS SALES AND LEASE 2513 S NELLIS BLVD Las Vegas, NV 89121	When was the debt incurred?			
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check If this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify COLLECTION			
	ACE CASH EXPRESS Nonpriority Creditor's Name	Last 4 digits of account number	\$300.00		
	ACE CASH EXPRESS 1941 N Decatur Blvd	When was the debt incurred?			
	Las Vegas, NV 89108 Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify COLLECTION			
4.4	CAG ACCEPTANCE LLC Nonpriority Creditor's Name	Last 4 digits of account number 262	\$11,737.00		
	CAG ACCEPTANCE LLC 1208 W BROADWAY ROAD	When was the debt incurred? 07/2016			
	Mesa, AZ 85202 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	Check if this claim is for a community	□ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify AUTO REPOSSESSION			
		- Other, Specify 7010 INC. 000L001014			

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Debtor	1 EUNIQUE V BOYD		Case number (if know)	
4.5	CAPITAL ONE Nonpriority Creditor's Name	Last 4 digits of account number	9570	\$1,042.99
	CAPITAL ONE P.O. BOX 30285 Salt Lake City, UT 84130	When was the debt incurred?	12/2014	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other Specify CREDIT CA	ARD	
4.6	CENTENNIAL HILLS HOSPITAL Nonpriority Creditor's Name	Last 4 digits of account number	4540	\$3,088.40
	CENTENNIAL HILLS HOSPITAL P.O. BOX 31001-0827	When was the debt incurred?	01/26/2016	
	Pasadena, CA 91110-0827 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other Specify MEDICAL		
			·	
4.7	CHECK CITY Nonpriority Creditor's Name	Last 4 digits of account number	7985	\$300.00
	CHECK CITY 5861 W CRAIG ROAD	When was the debt incurred?		
	Las Vegas, NV 89130 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	

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Debtor	1 EUNIQUE V BOYD	Case number (if know)			
4.8	CLARK COUNTY CREDIT UNION Nonpriority Creditor's Name	Last 4 digits of account number	6373		\$241.00
	P.O. BOX 36490	When was the debt incurred?	06/2015		
	Las Vegas, NV 89133-6490				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	f claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other Specify COLLECTIO	ON		
4.9	COX COMMUNICATIONS	Last 4 digits of account number	СОМВ		\$1,265.00
	Nonpriority Creditor's Name COX COMMUNICATIONS PO BOX 79175	When was the debt incurred?	08/2015	M 44	
	Phoenix, AZ 85062	=			
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other Specify COLLECTION	ON .		
4.1 0	COX COMMUNICATIONS	Last 4 digits of account number	0100		\$204.14
L.T	Nonpriority Creditor's Name				
	PO BOX 79175	When was the debt incurred?			
	Phoenix, AZ 85062 Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check If this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify COLLECTION	ON	-	

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CREDIT ONE Noncrionity Creations Name CREDIT ONE PO BOX 9807 9807 9808.61	Debtor	1 EUNIQUE V BOYD		Case number (if know)	
CREDIT ONE PO BOX 98875 Las Vegas, NV 981726 Number Street City State 2 pcode Who incurred the debt? Circlx One Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 ond another Check if this claim is for a community debt In No DEPT OF ED/NAVIENT Nonpficity Circlidor's Name DEPT OF ED/NAVIENT P. O. 807 8035 Wilkes Barre, PA 18773 Number Street City State 2 pcode Who incurred the debt? Circlx one Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only			Last 4 digits of account number	9937	\$585.61
Number Street City State 2 (p) Code Who incurred the debt/2 Check one. Debtor 1 only		CREDIT ONE	When was the debt incurred?	08/215	
Debtor 2 only		Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Debtor 1 and Debtor 2 only		■ Debtor 1 only	☐ Contingent		
At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim subject to offset? Check if this claim is for a community Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is check one. Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is check one. Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is check one. Check if this claim is for a community debt Check if this claim is check one. Check if this clai		Debtor 2 only	☐ Unliquidated		
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Check if this claim is of a community debt claim subject to offset? claim subject of subject o		☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	i claim:	
st the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Profit Pr		•			
DEPT OF ED/NAVIENT PORTOF ED/N				ration agreement or divorce that you	did not
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DESERT RADIOLOGIST Nonpriority Creditor's Name DESERT RADIOLOGIST 8860 W SUNSET RD STE 100 Las Vegas, NV 89148 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No No No Debts to pension or profit-sharing plans, and other similar debts \$61.00 \$		Yes			
Nonpriority Creditor's Name DESERT RADIOLOGIST 8860 W SUNSET RD STE 100 Las Vegas, NV 89148 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? 05/2016 As of the date you file, the claim is: Check all that apply When was the debt incurred? 05/2016 As of the date you file, the claim is: Check all that apply Unliquidated Un			STUDENT	_OAN	
DESERT RADIOLOGIST 8860 W SUNSET RD STE 100 Las Vegas, NV 89148 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 05/2016 As of the date you file, the claim is: Check all that apply Check all that apply Check all that apply Vhous Check all that apply Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			Last 4 digits of account number	8748	\$61.00
Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		DESERT RADIOLOGIST 8860 W SUNSET RD STE 100	When was the debt incurred?	05/2016	en e
Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			As of the date you file the claim	is: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts		•	ris of the date you me, the olding	or official an indicapply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts		■ Debtor 1 only	☐ Contingent		
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		_	•		
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 and Debtor 2 only	<u> </u>		
debt			•	d claim:	
Is the claim subject to offset? report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		☐ Check if this claim is for a community			
			report as priority claims		u did not
☐ Yes ■ Other. Specify MEDICAL BILL		■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
		Yes	■ Other. Specify MEDICAL I	BILL	

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Deptor 1	EUNIQUE V BOYD		Case number (if know)	_ ,	
i.1 . D	OOLLAR LOAN CENTER	Last 4 digits of account number	1950	\$189.22	
D 2	Ionpriority Creditor's Name DOLLAR LOAN CENTER 1685 S EASTERN AVENUE	When was the debt incurred?	12/23/2015		
N	.as Vegas, NV 89169 Jumber Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	f claim:		
	Check if this claim is for a community	Student loans			
	lebt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify COLLECTION	ON		
	FINE COLLECTOR CENTER	Last 4 digits of account number	8583	\$151.00	
P	Ionpriority Creditor's Name P.O. BOX 104540	When was the debt incurred?	02/27/2016		
N	lefferson City, MO 65110-4540 lumber Street City State ZIp Code Vho incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
_	Debtor 2 only	☐ Unliquidated			
_	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	lebt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify COLLECTION	ON		
	ABORATORY MEDICINE	Last 4 digits of account number	0457	\$567.00	
L 8	Nonpriority Creditor's Name _ABORATORY MEDICINE 8085 RIVERS AVE #100 Charleston, SC 29406	When was the debt incurred?	08/30/2016		
Ň	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	lebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
_	☐ Yes	Other. Specify MEDICAL E	50.1		

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Debtor	1 EUNIQUE V BOYD		Case number (if know)		
4.1	LAS VEGAS JUSTICE COURT	Last 4 digits of account number	5041	\$513.00	
7	Nonpriority Creditor's Name	Last 4 digits of account number		ΨΟ10.00	
	800 LEWIS AVE	When was the debt incurred?	06/22/2016		
	Las Vegas, NV 89101 Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	i claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other Specify COLLECTION			
4.1 8	LV ATHLETIC CLUB	Last 4 digits of account number	4791	\$1,019.00	
	Nonpriority Creditor's Name LV ATHLETIC CLUB PO BOX 88885	When was the debt incurred?	08/03/2015		
	Las Vegas, NV 89129 Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	Debts to pension or profit-sharin	o plans, and other similar debts		
	Yes				
	in tes	Other Specify COLLECTION	· · · · · · · · · · · · · · · · · · ·		
4.1 9	MEDICAL PROFESSIONAL COLLECTION	Last 4 digits of account number	6490	\$1,758.00	
	Nonpriority Creditor's Name 5055 NEWBURGH PLAZA	When was the debt incurred?	10/2011		
	NEWBURGH, IN 47630 Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	_			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed	d claim:		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured Student loans	y Ciaini.		
	Check if this claim is for a community debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not		
	Is the claim subject to offset? No	report as priority claims Debts to pension or profit-sharir	og plans, and other similar debts		
	— NO	— Debta to perialon or pronestiant	ig piano, and onior animal debig		

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☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify MEDICAL BILL

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Debtor 1	EUNIQUE V BOYD	Case number (if know)		
4.2				
0	MONEYTREE	Last 4 digits of account number	\$300.00	
	Nonpriority Creditor's Name MONEYTREE	When was the debt incurred?		
	4210 W CRAIG ROAD			
	North Las Vegas, NV 89032 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim Is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other. Specify COLLECTION		
4.2		2004	A77 A7	
1	NATIONWIDE INSURANCE Nonpriority Creditor's Name	Last 4 digits of account number 6301	\$77.87	
	NATIONWIDE INSURANCE 133 W LAKE MEADE PKWY	When was the debt incurred? 11/17/16		
-	Henderson, NV 89015 Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans		
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	Yes	Other Specify COLLECTION		
4.2	NORTH LAS VEGAS ANIMAL			
2	CONTROL Nonpriority Creditor's Name	Last 4 digits of account number 5134	\$25.00	
	P.O. BOX 101639 Pasadena, CA 91189-1639	When was the debt incurred? 10/08/2016		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check If this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other Specify COLLECTION		

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1 EUNIQUE V BOYD		Case number (if know)	
RAPID CASH	Last 4 digits of account number	2562	\$1,398.00
Nonpriority Creditor's Name RAPID CASH 1360 W CHEYENNE AVE SUITE 101 North Las Vegas, NV 89030	When was the debt incurred?	11/2015	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other Specify COLLECTION	ON	
SPRINT Nonpriority Creditor's Name	Last 4 digits of account number	9501	\$990.00
SPRINT PO BOX 54977	When was the debt incurred?	10/2016	
Los Angeles, CA 90054 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other Specify COLLECTION	ON	
SUN LOAN	Last 4 digits of account number	96	\$177.00
Nonpriority Creditor's Name SUN LOAN 1008 E CHARLESTON	When was the debt incurred?	03/13/2016	
Las Vegas, NV 89104 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	tration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify COLLECTION	N N	

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Debtor 1 EUNIQUE V BOYD		Case number (if know)		
4.2	T-MOBILE	Last 4 digits of account number	5220	\$3,581.00
6	Nonpriority Creditor's Name T-MOBILE	When was the debt incurred?	12/2016	
	PO BOX 51843 Los Angeles, CA 90051 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing		
	Yes	Other Specify COLLECTION	DN	
4.2 7	US BANK Nonpriority Creditor's Name	Last 4 digits of account number	4919	\$185.56
	P.O. BOX 5220 Cincinnati, OH 45201	When was the debt incurred?		
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a sleng, and other similar debts	
	■ No	·		
	Yes	Other. Specify COLLECTION	JN	
	VANDEDBUIDCH SUDEBIOR			
. 4.2 .8 	VANDERBURGH SUPERIOR COURT Nonpriority Creditor's Name	Last 4 digits of account number	9892	\$3,889.00
	825 SYCAMORE ST Evansville, IN 47708	When was the debt incurred?		
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other Specify COLLECTION	ON	

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Debtoi	1 EUNIQUE V BOYD		Case number (if know)					
4.2 9	WELLS FARGO BANK	Last 4 digits of account numb	er 7296 \$388.91	j				
	Nonpriority Creditor's Name WELLS FARGO BANK 3201 N 4TH AVE	When was the debt incurred?						
	Sioux Falls, SD 57104 Number Street City State Zlp Code	As of the date you file, the cla	im is: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsect	ured claim:					
	☐ At least one of the debtors and another☐ Check if this claim is for a community	☐ Student loans						
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims						
	■ No	Debts to pension or profit-sh	aring plans, and other similar debts					
	☐ Yes	Other. Specify COLLEC	TION					
Part 3	List Others to Be Notified About a De	ebt That You Already Listed						
is try have	ing to collect from you for a debt you owe to s	omeone else, list the original credito at you listed in Parts 1 or 2, list the a	at you already listed in Parts 1 or 2. For example, if a collection agenc or in Parts 1 or 2, then list the collection agency here. Similarly, if you dditional creditors here. If you do not have additional persons to be	y				
	and Address	On which entry in Part 1 or Part 2 did	· <u> </u>					
	STRA RECOVERY STRA RECOVERY	Line 4.23 of (Check one):	Part 1: Creditors with Priority Unsecured Claims					
	N RIDGE RD STE 106		Part 2: Creditors with Nonpriority Unsecured Claims					
	ita, KS 67205							
		Last 4 digits of account number	2877					
	and Address ED COLLECTION SERVICE	On which entry in Part 1 or Part 2 did Line 4.24 of (Check one):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims					
3080	ED COLLECTION SERVICE S DURANGO ROAD STE 208		Part 2: Creditors with Nonpriority Unsecured Claims					
Las V	/egas, NV 89117	Last 4 digits of account number	9501					
		On which categories Don't does Don't Ordina	List the principal anadity of					
	and Address RICAN MEDICAL COLLECTION	On which entry in Part 1 or Part 2 did Line 4.16 of (Check one):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims					
AGE	NCY	· - ,	Part 2: Creditors with Nonpriority Unsecured Claims					
_	RICAN MED!CAL COLLECTION		, , , , , , , , , , , , , , , , , , , ,					
AG 4 WE	STCHESTER PLAZA SUITE 110							
	ford, NY 10523							
		Last 4 digits of account number	0457					
	and Address HONY DEMARTINO, ESQ.	On which entry in Part 1 or Part 2 did Line 4.11 of (Check one):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims					
	SOUTH SIXTH ST STE 200K	Line 4.11 of Check One).	Part 2: Creditors with Nonpriority Unsecured Claims					
	/egas, NV 89101		· ·					
		Last 4 digits of account number	2359					
Name a	and Address LLES	On which entry in Part 1 or Part 2 did Line 4.27 of (Check one):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims					
	CORPORATE DRIVE STE240		Part 2: Creditors with Nonpriority Unsecured Claims					
Colui	mbus, OH 43231	Last 4 digits of account number						
Nama	and Address	On which entry in Part 1 or Part 2 did	you list the original goodites?					
	RK COUNTY COLLECTIONS	Line 4.14 of (Check one):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims					
CLAF	RK COUNTY COLLECTIONS	. ,	Part 2: Creditors with Nonpriority Unsecured Claims					
	W SUNSET RD STE 100 /egas, NV 89148		• •					
_as \	. Tanas 114 an 170	Last 4 digits of account number	1950					

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Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 EUNIQUE V BOYD		Case number (if know)
Name and Address CREDIT COLLECTION SERVICE P.O. BOX 607	On which entry in Part 1 or Part 2 did Line 4.21 of (Check one):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Norwood, MA 02062	Last 4 digits of account number	6301
Name and Address CREDIT CONTROL CREDIT CONTROL 11821 ROCK LANDING DR	On which entry in Part 1 or Part 2 did Line 4.9 of (<i>Check one</i>):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Newport News, VA 23606	Last 4 digits of account number	
Name and Address CREDIT PROTECTION CREDIT PROTECTION	On which entry in Part 1 or Part 2 did Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
CREDIT PROTECTION 13355 NOEL RD 21ST Dallas, TX 75380		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	2173
Name and Address CREDIT PROTECTION CREDIT PROTECTION	On which entry in Part 1 or Part 2 did Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
13355 NOEL RD 21ST Dallas, TX 75380		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	0100
Name and Address DIVERSIFIED CONSULTANTS INC	On which entry in Part 1 or Part 2 did Line <u>4.26</u> of (<i>Check one</i>):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
DIVERSIFIED CONSULTANTS INC 10550 DEERWOOD BLVD Jacksonville, FL 32256-0596		Part 2: Creditors with Nonpriority Unsecured Claims
0.0000000000000000000000000000000000000	Last 4 digits of account number	5220
Name and Address FIRSTSOURCE ADVANTAGE, LLC Buffalo, NY 14228	On which entry in Part 1 or Part 2 did Line 4.5 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
bullulo, III I-1220	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Claims 2849
Name and Address IC SYSTEMS COLLECTIONS IC SYSTEMS COLLECTIONS	On which entry in Part 1 or Part 2 did Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
PO BOX 64378 Saint Paul, MN 55164	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?
IC SYSTEMS COLLECTIONS IC SYSTEMS COLLECTIONS PO BOX 64378	Line 4.29 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Saint Paul, MN 55164	Last 4 digits of account number	7296
Name and Address KRAVITZ, SCHNITZER, SLOAN	On which entry in Part 1 or Part 2 di Line 4.23 of (<i>Check one</i>):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
KRAVITZ, SCHNITZER, SLOAN 8985 S EASTERN AVE STE 200	Line <u>France</u> of (Oncor onc).	Part 2: Creditors with Nonpriority Unsecured Claims
Las Vegas, NV 89123	Last 4 digits of account number	2794
Name and Address LVNV FUNDING, LLC RESURGENT CAPITAL SERVICES MS 596 P.O. BOX 10497 Greenville, SC 29603-0497	On which entry in Part 1 or Part 2 die Line 4.11 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

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Debtor 1 EUNIQUE V BOYD	Case number (if know)					
		9937				
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?				
PLUSFOUR INC.	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PLUSFOUR INC. 6345 S PECOS RD STE 212 Las Vegas, NV 89120		Part 2: Creditors with Nonpriority Unsecured Claims				
Lus vegus, IVV 03120	Last 4 digits of account number	8748				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
QUANTUM COLLECTIONS	Line 4.18 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
QUANTUM COLLECTIONS 3080 S DURANGO DR STE 105 Las Vegas, NV 89117-4411		Part 2: Creditors with Nonpriority Unsecured Claims				
Las vegas, itv 0511/-4411	Last 4 digits of account number	4791				
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?				
RGS FINANCIAL	Line <u>4.9</u> of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
RGS FINANCIAL 1700 JAY ELKKL DR, STE 200 Richardson, TX 75081		■ Part 2: Creditors with Nonpriority Unsecured Claims				
	Last 4 digits of account number					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6C.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6 d .	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 31,534.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6ħ.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 34,434.70
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 65,968.70

Case 17-11137-btb Doc 1 Entered 03/10/17 14:54:03 Page 40 of 64

Fill in	this inform	nation to identify your	case:		
Debto	r 1	EUNIQUE V BOY)		
Debto	r 2	First Name	Middle Name	Last Name	
_	if, filing)	First Name	Middle Name	Last Name	
United	l States Bar	nkruptcy Court for the:	DISTRICT OF NEVADA		
Case (if know	number			:	☐ Check if this is an amended filing
		rm 106G			
			Contracts and U		12/15
inform addition 1. D	ation. If monal pages, o you have No. Check Yes. Fill in	ore space is needed, co, write your name and of any executory contract this box and file this formation be	opy the additional page, fill it ou case number (if known). cts or unexpired leases? rm with the court with your other selow even if the contacts of leases	ng together, both are equally responsing, number the entries, and attach it to chedules. You have nothing else to repose are listed on Schedule A/B:Property (Of contract or lease. Then state what each	this page. On the top of any ort on this form.
e: ai	kample, rer nd unexpire	nt, vehicle lease, cell pl d leases.	hone). See the instructions for this	s form in the instruction booklet for more	examples of executory contracts
	erson or c	Name, Number, Street, City	ou have the contract or lease State and ZIP Code	State what the contract or lease is	IOr
2.1	Name				
	Number	Street			
	City	AMERICAN STREET, STREE	State ZIP Code	Company of the Compan	en elektrik i kalandaria en
2.2	Name				
	Number	Street		1999	
	City		State ZIP Code		
2.3	Name				
	Number	Street			
2.4	City		State ZIP Code		
4.7	Name			····-	
	Number	Street			
	City		State ZIP Code	en e	respected masses for series for a first order of the series of the serie
2.5	Name				
	Number	Street		***	
	City		State ZIP Code		

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	O 430 1 7 1	IIIO DID DOG	1 Entered 00/10/1	1 14.04.00	age 41 or 04
Fill in this	information to identify y	our case:			
Debtor 1	EUNIQUE V B	OYD Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for th	ne: DISTRICT OF NE	/ADA		
Case num (if known)	ber				☐ Check if this is an amended filing
Officia	l Form 106H				
-	lule H: Your Co	odebtors			12/15
people are fill it out, a	filing together, both are	equally responsible for the boxes on the left. A	supplying correct informati ttach the Additional Page to	on. If more space is r	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do	you have any codebtors?	? (If you are filing a joint c	ase, do not list either spouse	as a codebtor.	
■ No □ Yes	s				
Arizon	a, California, Idaho, Louisi Go to line 3.	ana, Nevada, New Mexic	ity property state or territory o, Puerto Rico, Texas, Washi nt live with you at the time?		y states and territories include
in line Form	e 2 again as a codebtor o	nly if that person is a gu	iarantor or cosigner. Make s	sure you have listed the GG). Use Schedule D,	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State a	and ZIP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1	Name			☐ Schedule D, lin☐ Schedule E/F, ☐ Schedule G, lin	line
	Number Street City	State	ZIP Code		
3.2	Name			☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lin	line
	Number Street	State	ZIP Code		

Fill	in this information to identify your ca	ase:				1				
	otor 1 EUNIQUE V				-					
	otor 2				_					
Uni	ted States Bankruptcy Court for the	DISTRICT OF NEVAL	DA							
(If kn	se number own)			*		☐ An ☐ As		nt showi	ng postpetition of following date:	hapter
	fficial Form 106I					MN	1 / DD/ Y	YYY		
Be a sup spo atta	chedule I: Your Incomes complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.	sible. If two married peo are married and not fili r spouse is not filing w	ng jointly, and you ith you, do not incl	r spouse ude infor	is liv matio	ing with y on about y	ou, inclu our spo	ide infoi use. If n	rmation about y nore space is n	our eeded,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-	filing spouse	
	If you have more than one job, attach a separate page with	Employment status	☐ Employed ■ Not employed				□ Emplo	-		
	information about additional employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name						,		-
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Par	t 2: Give Details About Mor	nthly Income		· · · · === ·						
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	space. Ii	nclude your non-	filing
•	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informat	ion for all	emplo	oyers for th	at perso	n on the	lines below. If yo	ou need
						For Debt	or 1		ebtor 2 or lling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efor e all pa yroll y wage would be.	2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debi	tor 1	EUNIQUE V BOYD		Cas	se number (if known)	A		
				F	or Debtor 1	For Debtor		
	Cop	y line 4 here	4.	\$	0.00	\$	N/A	-
5.	list	all payroll deductions:						
Ų.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	-
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and proporty settlement.	8c.	\$	200.00	\$	NI/A	
	8d.	settlement, and property settlement.	8d.	\$	200.00	Ψ •	N/A	
	8e.	Unemployment compensation Social Security	8e.	φ \$	0.00 0.00	\$	N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: FOOD STAMPS		\$	500.00	\$	N/A	
		SECTION 8 HOUSING		\$	1.100.00	\$	N/A	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	-
	8h.	Other monthly income. Specify: HELP FROM FAMILY	8h.+	· ·		+ \$	N/A	
_			,					
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,100.00	\$	N//	<u> </u>
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,100.00 + \$	N/A	= \$	2,100.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen availab	le to	o pay expenses list	ed in <i>Schedu</i>	le J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					\$ Combi	2,100.00
13.	Do y	you expect an increase or decrease within the year after you file this form No.						ly income
		Yes. Explain:						

Official Form 1061 Schedule I: Your Income page 2

FIII	in this informa	ation to identify yo	ur case:						
Deb	otor 1	EUNIQUE V E	BOYD			Che	eck if this is:		
							An amended filing		
	otor 2 ouse, if filing)		·				A supplement show 13 expenses as of		
Unit	ed States Bank	ruptcy Court for the:	DISTRI	CT OF NEVADA			MM / DD / YYYY		
		,							
	e number nown)								
O	fficial Fo	rm 106J							
S	chedule	J: Your E	Exper	ises					12/15
Be info	as complete ormation. If m	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this	re filing together, both ar form. On the top of any				
Par 1.	t 1: Desc Is this a joi	ribe Your Housel nt case?	hold				<u> </u>		
	■ No. Go to								
		es Debtor 2 live in	n a separ	ate household?					
		lo	-						
	□ Y	es. Debtor 2 mus	t file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate Household	of Del	btor 2.		
2.	Do you hav	e dependents?	□ No						
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relationshi Debtor 1 or Debtor 2	p to	Dependent's age	live with	ependent 1 you?
	Do not state	the			AND THE REAL PROPERTY OF THE P	nest productive		□ No	Buddinio Constituti
	dependents	names.			DAUGHTER		4	■ Yes	
					SON		5	□ No ■ Yes	
								■ Yes	
								☐ Yes	
								□ No	
								☐ Yes	
3.	expenses of	penses include of people other th d your depender	nan $_{\square}$	No Yes					
Est	imate your e	a date after the b	ur bankrı	uptcy filing date unless y	ou are using this form a olemental Schedule J, ch	is a s neck t	upplement in a Cha the box at the top o	pter 13 ca f the form	se to report and fill in the
				government assistance		ke.			
	value of suc ficial Form 10		d have inc	luded it on Schedule I: \	Your Income		Your expe	en se s	
()		,						and Capton Co.	
4.		or home ownershind any rent for the		ses for your residence. I r lot.	Include first mortgage	4.	\$	1,10	0.00
	If not include	ded in line 4:							
	4a. Real	estate taxes				4a.	\$		0.00
		erty, homeowner's	, or renter	's insurance		4b.			0.00
		maintenance, re				4c.	The second secon		0.00
		eowner's associati	•				\$		0.00
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	ome equity loans	5 .	\$		0.00

6. Utilitée: 8a. Électricity, heat natural gas 8b. Water, sewer, garbage collection 8c. Telephone, cell phone, Internet, satellide, and cable services 8c. 120,000 8c. Telephone, cell phone, Internet, satellide, and cable services 8c. 100,000 8c. Telephone, cell phone, Internet, satellide, and cable services 8c. 100,000 8c. Telephone, cell phone, Internet, satellide, and cable services 8c. 100,000 8c. Childcare and children's education costs 8c. 100,000 9c. Childcare and children's education costs 8c. 100,000 9c. Childcare and children's education costs 8c. 100,000 9c. Childcare and children's education costs 9c. 100,000 9c. Chartable contribution and religious donations 9c. 100,000 9c. Chartable contributions and religious donations 9c. 100,000 9c. Chartable contributions and religious donations 9c. 100,000 9c. 100,00	Deb	tor 1	EUNIQUE V BOYD	Case num	nber (if known)	
8	6.	Utiliti	es:			
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. S. 0.00 7. Food and housekeeping supplies 7. \$ \$ 500.00 8. Childrare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and for cleaning 9. \$ 0.00 10. Personal care products and services 10. \$ 0.00 11. Medical and charla expenses 11. \$ 0.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 0.00 13. Transportation. Include gas, maintenance, bus or train fare. 15. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 15. Insurance. 16. Charitable contributions and religious donations 16. Insurance. 17. Charitable contributions and religious donations 18. Life insurance 15b. \$ 0.00 18. Unique training train				6a.	\$	260.00
8 d Other: Specify: Food and housekeeping supplies Richards and children's education costs Richards and services Richards an		6b.	Water, sewer, garbage collection	6b.	\$	200.00
7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 0.00 10. Personal care products and services 11. \$ 0.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 15. Insurance. 16. Charitable contributions and religious donations 16. Insurance. 17. Charitable contributions and religious donations 18. Life insurance deducted from your pay or included in lines 4 or 20. 18. Life insurance 18. \$ 0.00 18. Vehicle insurance 18. \$ 0.00 19. On the insurance speech; 19. \$ 0.00 19. Other. Speech; 19. \$ 0.00 19. Other speech; 19. \$ 0.00 19. Other payments for Vehicle 2 19. \$ 0.00 19. Other payments for Vehicle 2 19. \$ 0.00 19. Other payments for pay on line 5, Schedule 1, Your Income (Official Form 108), \$ 0.00 19. Other payments on the property 20. Real estate taxes 20. \$ 0.00 20. Maintenance, repair, and upskeep expenses 20. \$ 0.00 20. Maintenance, repair, and upskeep expenses 20. \$ 0.00 20. Maintenance, repair, and upskeep expenses 22. Add lines 4 through 21. 22. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 23. Calculate your monthly expenses for mour monthly expenses or decrease in your expense within the year after you file this form? 23. Subtract your monthly expenses from your monthly expenses within the year after you file this form? 23. Copy line 22 (monthly peterses from your carlons within the year of 0 you expect your inorrigage payment to increase or decrease because of a moofication to the terms of your m		6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	120.00
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. S. 0.00 10. Personal care products and services 10. S. 0.00 11. Medical and charlal expenses 11. S. 0.00 11. Medical and charlal expenses 11. S. 0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 4 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Chier insurance, pagedy. 15d. Other insurance, specify. 15d. Other insurance, specify. 15d. Other insurance payments: 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify. 17d. Other. Speci		6d.	Other. Specify:	6d.	\$	0.00
9 Clothing, laundry, and dry cleaning 10 Personal care products and services 11 S 0.00 11 Medical and dental expenses 12 S 0.00 12 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13 Entertainment, clubs, recreation, newspapers, magazines, and books 13 S 0.00 14 S 0.00 15 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15d. Other insurance specify 15d. Other insurance specify 15d. Other insurance specify 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 16 Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. S 0.00 17c. Other. Specify 17c. Other. Specify 17d. Specify 17d. Other. Specify 17d. S	7.	Food	and housekeeping supplies	7.	\$	500.00
10. Personal care products and services 10. \$ 0.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 0.00 13. Enterfainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance Specify 15c. \$ 0.00 15d. Other insurance Specify 15c. \$ 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 15c. The care payments for Vehicle 1 17a. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 18. \$ 0.00 18. Your payments for alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 19. Other payments you make to support others who do not live with you. \$ 0.00 17d. Other payments you make to support others who do not live with you. \$ 0.00 17d. Other payments you make to support others who do not live with you. \$ 0.00 17d. Other payments you make to support others who do not live with you. \$ 0.00 17d. Other payments you make to support others who do not live with you. \$ 0.00 19d. Payments you make to support others who do not live with you. \$ 0.00 19d. Payments you make to support others who do not live with you. \$ 0.00 19d. Payments you make to support others who do not live with you. \$ 0.00 19d. Payments you make to support others who do not live with you. \$ 0.00 19d. Payments you make to support others who do not	8.	Child	care and children's education costs	8.	\$	0.00
11. Medical and dental expenses 12. Transportation, include gas, maintenance, bus or train fare. Do not include car payments. 13. Enterfairment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 15. Instrance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. 15b. Health insurance 15c. Vehicle insurance 15d. Under insurance. 15d. Under insurance. 15d. Under insurance. 15d. Under insurance. 15d. Under insurance speechy 15d. Speechy 15d. Speechy 17d. Speechy 17d. Speechy 17d. Speechy 17d. Speechy 17d. Speechy 17d. Other. Speechy 17d. Other. Speechy 17d. Other. Speechy 17d. Other. Speechy 17d. Other speechy on one speech on one speech of the payments for Vehicle 1 one speech of the speech of the speechy one of the payments for Vehicle 2 17d. \$ 0.00 17d. Other. Speechy 17d. Other. Speechy 17d. Other. Speechy 17d. Speechy 17d. Other. Speechy 17d. S	9.	Cloth	ing, laundry, and dry cleaning	9.	\$	0.00
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23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,100.00 23b. Copy your monthly expenses from line 22c above. 23b\$ 2,180.00 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$ -80.00 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.			• • •			
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For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.			The result is your monthly net income.	230.	. •	
	24.	For ex modif	cample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?	u file this mortgage	s form? payment to in	crease or decrease because of a
☐ Yes. Explain here:						
		□ Y	es. Explain here:			

Fill in Alain Info					
	mation to identify you				
Debtor 1	First Name	D Middle Name	Last Name		
Debtor 2	·	man Hallo	Edot Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEVADA			
Case number (if known)					Check if this is an amended filing
Official Forr					
Declarat	tion About a	an Individual I	Debtor's Sche	edules	12/15
Sig	n Below				
Did you pa	y or agree to pay some	eone who is NOT an attorne	ey to help you fill out bank	ruptcy forms?	
□ No					
Yes. 1	Name of person JAN	IEE ALLEN			Petition Preparer's Notice, Inature (Official Form 119)
that they a	e true and correct. WY BOYD Te of Debtor 1	that I have read the summ	nary and schedules filed wi X Signature of Deb		
Date	March 5, 2017		Date		

Fill in	this information to iden	tify your case:				
Debto	r 1 EUNIQUE	V BOYD				
Debto	First Name	М	iddle Name	Last Name		
1	e if, filing) First Name		iddle Name	Last Name	 	
United	d States Bankruptcy Court	for the: DISTR	RICT OF NEVADA			
Case (if know	number ⁿ⁾	- · · · · · · · · · · · · · · · · · · ·			!	☐ Check if this is an amended filing
				= =		amended ming
Offic	cial Form 107					
		cial Affairs	s for Individ	uals Filing for E	Bankruptcy	4/10
inform	complete and accurate a ation. If more space is er (if known). Answer ev	needed, attach a :	o married people ar separate sheet to ti	e filing together, both are nis form. On the top of an	equally responsible for y additional pages, writ	r supplying correct e your name and case
Part 1	: Give Details About	Your Marital Statu	us and Where You	Lived Before		
1. W	/hat is your current mari	tal status?				
	Married Not married					
2. D	uring the last 3 years, ha	ave you lived any	where other than w	here you live now?		
	No Yes. List all of the plac	es you lived in the	e last 3 vears. Do not	include where you live nov	v.	
ε	Debtor 1 Prior Address:	·	Dates Debtor 1 lived there	Debtor 2 Prior Ac		Dates Debtor 2 lived there
3. W states	fithin the last 8 years, die and territories include Ariz	d you ever live wi ona, California, Id	ith a spouse or lega aho, Louisiana, Nev	al equivalent in a commur ada, New Mexico, Puerto R	nity property state or ter lico, Texas, Washington a	ritory? (Community property and Wisconsin.)
	No Yes. Make sure you fil	out <i>Schedule H:</i>	Your Codebtors (Offi	cial Form 106H).		
Part 2	Explain the Sources	of Your Income				
Fi	II in the total amount of in-	come you received	l from all jobs and al	a business during this yell businesses, including part together, list it only once u	-time activities.	calendar years?
	No Yes. Fill in the details.					
		Debtor 1	ه.ِ		Debtor 2	
			of income I that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	January 1 of current yea ate you filed for bankrup		es, commissions, , tips	\$0.00	☐ Wages, commission bonuses, tips	ns,
		☐ Opera	ating a business		☐ Operating a busines	ss

Case number (if known)

					Debtor 1		Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			dar yea Decem	r: ber 31, 2016)	■ Wages, commissions, bonuses, tips	\$20,000.00	☐ Wages, combonuses, tips	nmissions,	
					☐ Operating a business		☐ Operating a	business	
				r before that: ber 31, 2015)	■ Wages, commissions, bonuses, tips	\$18,000.00	☐ Wages, com bonuses, tips	nmissions,	
					☐ Operating a business		☐ Operating a	business	
	Lis	No		nd the gross inc	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and	Debtor 2 Sources of inc Describe below	come	Gross income (before deductions and exclusions)
Đ	rt 3:	l is	t Certair	n Payments Yo	u Made Before You Filed for	exclusions)			
6.			r Debtor Neithe individ During	r 1's or Debtor r Debtor 1 nor ual primarily for the 90 days be o. Go to line es List below paid that on	2's debts primarily consume Debtor 2 has primarily consume a personal, family, or househo fore you filed for bankruptcy, di 7. y each creditor to whom you pai creditor. Do not include paymer e payments to an attorney for t	r debts? umer debts. Consumer debt. Id purpose." id you pay any creditor a total id a total of \$6,425* or more ints for domestic support oblighis bankruptcy case.	il of \$6,425* or mo in one or more pa gations, such as cl	re? yments and t nild support a	the total amount you and alimony. Also, do
	-	Yes.	Debto	r 1 or Debtor 2	or ton 4/01/19 and every 3 year or both have primarily consu fore you filed for bankruptcy, di	umer debts.			ι.
			■ N		7.				
			□ Y	include pa	each creditor to whom you pa ayments for domestic support o or this bankruptcy case.				
	C	reditor	's Name	and Address	Dates of payme	ent Total amount	Amount you still owe	Was this	payment for

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Deb	otor 1 EUNIQUE V BOYD		Case	e number (if known)		
	Insiders include your relatives; and of which you are an officer, director	or bankruptcy, did you make a payn y general partners; relatives of any ge or, person in control, or owner of 20% proprietor. 11 U.S.C. § 101. Include p	eneral partners; partne or more of their voting	rships of which you securities; and a	ou are a general partn ny managing agent, i	ncluding one for
	■ No □ Yes. List all payments to an i	insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this pa	ayment
	Within 1 year before you filed for insider? Include payments on debts guaranteed in the control of the control	or bankruptcy, did you make any pa	yments or transfer a	ny property on a	ccount of a debt tha	t benefited an
	include payments on debts guara	meed of cosigned by an insider.				
	■ No □ Yes. List all payments to an i					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this pa Include creditor's n	
Par	t 4: Identify Legal Actions, Re	possessions, and Foreclosures				
9.	Within 1 year before you filed for List all such matters, including per modifications, and contract disput	or bankruptcy, were you a party in a rsonal injury cases, small claims actio es.	nny lawsuit, court act ns, divorces, collection	ion, or administ n suits, paternity a	rative proceeding? actions, support or cus	stody
	□ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the case	•
	EUNIQUE V BOYD RAPID CASH 16C022794	COLLECTION	JUSTICE COUR VEGAS TOWNS REGIONAL JUS CENTER 200 LEWIS AVE Las Vegas, NV	SHIP STICE INUE	☐ Pending ☐ On appeal ☐ Concluded	
	EUNIQUE V BOYD RAPID CASH 16C023108	COLLECTION	JUSTICE COUR VEGAS TOWNS REGIONAL JUS CENTER 200 LEWIS AVE Las Vegas, NV	SHIP STICE INUE	☐ Pending ☐ On appeal ☐ Concluded	
	EUNIQUE V BOYD CREDIT 16CN002359	ONE COLLECTION	JUSTICE COUR LAS VEGAS TO 2428 N MLK BL North Las Vega	WNSHIP VD A	☐ Pending ☐ On appeal ☐ Concluded	
10.	Within 1 year before you filed for Check all that apply and fill in the	or bankruptcy, was any of your prop details below.	perty repossessed, fo	oreclosed, garni	shed, attached, seize	ed, or levied?
	□ No. Go to line 11. ■ Yes. Fill in the information be	elow.				
	Creditor Name and Address	Describe the Property	,	Date		Value of the property

Explain what happened

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Debtor 1 EUNIQUE V BOYD

Case number (if known)

	Creditor Name and Address	Describe the Property	Date	Value of the property
		Explain what happened		
	CAG ACCEPTANCE CAG ACCEPTANCE	2010 HYUNDAI ELANTRA	02/2017	\$3,079.00
	PO BOX 40488	■ Property was repossessed.		
	Mesa, AZ 85274	☐ Property was foreclosed.		
		☐ Property was garnished.		
		☐ Property was attached, seized or levied.		
11.	accounts or refuse to make a payment b	ruptcy, did any creditor, including a bank or financial ins ecause you owed a debt?	stitution, set off any a	mounts from your
	■ No			
	Yes. Fill in the details.			
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, or	ptcy, was any of your property in the possession of an a ranother official?	assignee for the bene	fit of creditors, a
	■ No			
	☐ Yes			
Par	rt 5: List Certain Gifts and Contribution	<u>S</u>		
13.	_ '	uptcy, did you give any gifts with a total value of more th	han \$600 per person?	
	■ No			
	Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$60 per person	0 Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankr No	uptcy, did you give any gifts or contributions with a tota	l value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or c	ontribution		
	Gifts or contributions to charities that t		Dates you contributed	Value
	Charity's Name Address (Number, Street, City, State and ZIP Code	2)		
Pa	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for bankruptcy, did you lose anyt	:hing because of theft	t, fire, other disaster,
	■ No			
	Yes. Fill in the details.			
	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	lost

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Del	otor 1	EUNIQUE V BOYD		Case	number (if known)	
Par	t 7:	List Certain Payments or Transfers				
16.	consi	n 1 year before you filed for bankrup ulted about seeking bankruptcy or p de any attorneys, bankruptcy petition pr	reparing a bankruptcy p	etition?	• • • • • • • • • • • • • • • • • • • •	rty to anyone you
		No				
		Yes. Fill in the details.				
	Pers	on Who Was Paid	Description and	value of any property	Date payment	Amount of
	Addı	ress	transferred	ranae ar any propond	or transfer was	payment
		il or website address on Who Made the Payment, if Not Yo	Du		made	
		EE ALLEN		PREPARER FEE	03/01/2017	\$200.00
	_	BOX 570422				
	Las ALL	Vegas, NV 89157 ENSDOCSERVICE@GMAIL.COM	Λ			
17.	prom	n 1 year before you filed for bankrup ised to help you deal with your credi ot include any payment or transfer that y	ito <mark>rs or to make payme</mark> n	else acting on your beh ts to your creditors?	alf pay or transfer any prope	rty to anyone who
		No				
		Yes. Fill in the details.				
	Pers Addr	on Who Was Paid ress	Description and transferred	value of any property	Date payment or transfer was made	Amount of payment
18.	Includ includ	n 2 years before you filed for bankru ferred in the ordinary course of your le both outright transfers and transfers le gifts and transfers that you have alre No	business or financial at made as security (such as	ifairs? s the granting of a securit		
		Yes. Fill in the details.				
	Pers Addr	on Who Received Transfer ress	Description and property transfe	erred pa	escribe any property or ayments received or debts	Date transfer was made
	Pers	on's relationship to you		pa	aid in exchange	
19.	benef	n 10 years before you filed for bankr ficiary? (These are often called asset-p No Yes. Fill in the details.	uptcy, did you transfer a protection devices.)	any property to a self-so	ettled trust or similar device	of which you are a
		e of trust	Description and	value of the property t	raneformed	Data Transfer was
	Maili	e or trust	Description and	value of the property t	ransterred	Date Transfer was made
Par	t 8:	List of Certain Financial Accounts,	Instruments, Safe Depos	sit Boxes, and Storage	Units	
20.	sold, Include house	n 1 year before you filed for bankrup moved, or transferred? de checking, savings, money market es, pension funds, cooperatives, ass	t, or other financial acco	unts; certificates of de	_	
	_	No You Fill in the detaile				
		Yes. Fill in the details.	المملك الممل المملك	Tuna afaas a	D at a	
		e of Financial Institution and ress (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Case 17-11137-btb Doc 1 Entered 03/10/17 14:54:03 Page 52 of 64 Debtor 1 EUNIQUE V BOYD Case number (if known) 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No ☐ Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZiP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ■ No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) have it? Address (Number, Street, City, State and ZiP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ■ No ☐ Yes. Fill in the details. Where is the property? Owner's Name Describe the property Value Address (Number, Street, City, State and ZiP Code) (Number, Street, City, State and ZiP Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ■ No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it

■ No

☐ Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

25. Have you notified any governmental unit of any release of hazardous material?

Governmental unit

Address (Number, Street, City, State and

ZIP Code)

Environmental law, if you know it

Date of notice

Case 17-11137-btb Doc 1 Entered 03/10/17 14:54:03 Page 53 of 64 **EUNIQUE V BOYD** Debtor 1 Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ■ No Yes. Fill in the details below. Date Issued Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.G. §§ 152, 1341, 1519, and \$571. Signature of Debtor 2 UNIQUE V BOYD Signature of Debtor Date Date March 5, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Official Form 107

□ No

■ Yes. Name of Person JANEE ALLEN . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Fill in this infor	mation to identify your c	ase:		
Debtor 1				
Debior 1	EUNIQUE V BOYD First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for the:	DISTRICT OF NEV		
	annuaptey Sources and			
Case number (if known)				☐ Check if this is an amended filing
Official Fo	orm 108			
Stateme	nt of Intentior	n for Indiv	iduals Filing Under Chapte	r 7 12/15
If you are an ind	lividual filing under chap	ter 7, you must fill	out this form if:	
	re claims secured by you	-		
You must file th	ever is earlier, unless the	thin 30 days after y	ot expired. you file your bankruptcy petition or by the date set time for cause. You must also send copies to the	for the meeting of creditors, creditors and lessors you list
f two married po sign a	eople are filing together indicate the form.	in a joint case, bot	h are equally responsible for supplying correct info	ormation. Both debtors must
		e. If more space is	needed, attach a separate sheet to this form. On th	e top of any additional pages.
write y	our name and case num	ber (if known).		o top of any additional pages,
Part 1: List Y	our Creditors Who Have	Secured Claims		
			Creditors Who Have Claims Secured by Property (Official Form 106D) fill in the
information be	elow.		Creditors who have Claims Secured by Property (Omciai Form 100D), illi in the
Identify the cr	editor and the property the	at is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's				<u>.</u>
name:			☐ Surrender the property.	□ No
name.			Retain the property and redeem it.	☐ Yes
Description of	ţ		Retain the property and enter into a Reaffirmation Agreement.	Li fes
property			Retain the property and [explain]:	
securing debt	:		Retain the property and [explain]:	
Creditor's				
name:			☐ Surrender the property.	□ No
marrie.			Retain the property and redeem it.	□Yes
Description of	•		Retain the property and enter into a	□ Yes
property			Reaffirmation Agreement.	
securing debt	:		☐ Retain the property and [explain]:	
Creditor's			☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	
December: 5	•		☐ Retain the property and enter into a	☐ Yes
Description of			Reaffirmation Agreement.	
property			☐ Retain the property and [explain]:	
securing debt	:			
Creditor's			☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 EUNIQUE V BOYD	Case number (if known)						
name: Description of	☐ Retain the property and redeem it.☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes					
property	Retain the property and [explain]:						
securing debt:	Tetain the property and texplaint.						
n the information below. Do not list real estate le		expired Leases (Official Form 106G), fill act; the lease period has not yet ended.					
Describe your unexpired personal property leas	es (報) (AC) (報) (AC)	Will the lease be assumed?					
Lessor's name:		□ No					
Description of leased Property:		☐ Yes					
Lessor's name:		□ No					
Description of leased Property:		☐ Yes					
Lessor's name:		□ No					
Description of leased Property:		☐ Yes					
Lessor's name:		□ No					
Description of leased Property:		☐ Yes					
Lessor's name:		□ No					
Description of leased Property:		☐ Yes					
Lessor's name:		□ No					
Description of leased Property:		☐ Yes					
Lessor's name:		□ No					
Description of leased Property:		☐ Yes					
Part 3: Sign Below							
Under penalty of perjury, I declare that I have ind property that is subject to an unexpired lease.	licated my intention about any property of my estate th	nat secures a debt and any personal					
x Tunique Dou	X						
EUNIQUE V BOYD Signature of Debtor 1	Signature of Debtor 2						
Date March 5, 2017	Date						

Fill ir	n this information to identify your case:			only as d	irected in this form and in Form	
Debt	or 1 EUNIQUE V BOYD	122 <i>F</i>	\-1Supp:			
Debt (Spou	or 2 se, if filing)	:	1. There is	s no pres	umption of abuse	
Unite	ed States Bankruptcy Court for the: District of Nevada		applies	will be r	o determine if a presumption of nade under <i>Chapter 7 Means Te</i>	
Case (if know	e number wn)		3. The Me	ans Test	icial Form 122A-2). does not apply now because of service but it could apply later.	
					n amended filing	
Off	icial Form 122A - 1	_	CHECKII	u 115 15 a	ir amended ning	
	apter 7 Statement of Your Current Monthly	/ Inco	me			12/15
attach case r qualif	complete and accurate as possible. If two married people are filing together, both a is a separate sheet to this form. Include the line number to which the additional informumber (if known). If you believe that you are exempted from a presumption of abus ying military service, complete and file Statement of Exemption from Presumption of	mation ap	plies. On the	e top of a	ny additional pages, write your na narily consumer debts or because	me and
Part						
1.	What is your marital and filing status? Check one only.					
	■ Not married. Fill out Column A, lines 2-11.					
	$\hfill \Box$ Married and your spouse is filing with you. Fill out both Columns A and I	B, lines 2	-11.			
	$\hfill\square$ Married and your spouse is NOT filing with you. You and your spouse	are:				
	☐ Living in the same household and are not legally separated. Fill out b	ooth Colu	mns A and	B, lines 2	2-11.	
	☐ Living separately or are legally separated. Fill out Column A, lines 2-1 penalty of perjury that you and your spouse are legally separated under living apart for reasons that do not include evading the Means Test requi	nonbankr	uptcy law t	hat appli	es or that you and your spouse a	under are
10 the	I in the average monthly income that you received from all sources, derived during to 1(10A). For example, if you are filing on September 15, the 6-month period would be Marce 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do rouses own the same rental property, put the income from that property in one column only	th 1 throughot include	h August 31. anv income	If the amount m	ount of your monthly income varied do	} luring
			Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, and commissions (bef payroll deductions).	fore all \$		0.00	\$	
	Alimony and maintenance payments. Do not include payments from a spous Column B is filled in.	\$		0.00	\$	
	All amounts from any source which are regularly paid for household experience of you or your dependents, including child support. Include regular contributions an unmarried partner, members of your household, your dependents, part and roommates. Include regular contributions from a spouse only if Column B if filled in. Do not include payments you listed on line 3.	utions ents,		0.00	\$	
	Net income from operating a business, profession, or farm					
	Debtor 1					
	Gross receipts (before all deductions) \$ 0.00					
	Ordinary and necessary operating expenses -\$ 0.00					
	Net monthly income from a business, profession, or farm \$0.00 Copy I	here -> \$		0.00	\$	
6.	Net income from rental and other real property					
	Gross receipts (before all deductions) \$ 0.00					
	(
	and the second of the second o	here -> ¢		0.00	¢	
		_			\$	
1.	Interest, dividends, and royalties	\$	ı	0.00	*	

Debtor 1	EUNIQUE V BOYD			Case num	nber (if known)		·
				Column Debtor		Colum Debto non-fi	
8. U	nemployment compensation			\$	0.00	\$	
	o not enter the amount if you contend that the amo e Social Security Act. Instead, list it here:	unt received was a bene	fit under				-
	For you	\$ 0.	00				
	For your spouse	\$					
	ension or retirement income. Do not include any enefit under the Social Security Act.	amount received that wa	s a	\$	0.00	\$	
D re do	ncome from all other sources not listed above. So not include any benefits received under the Social eceived as a victim of a war crime, a crime against longestic terrorism. If necessary, list other sources outal below.	al Security Act or payment numanity, or internationa	nts I or				
	FOOD STAMPS & SECTION 8	v <u></u>		\$	1,600.00	\$	
	HELP FROM FAMILY/CHILD SUPPO	RT		\$	500.00	\$	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	
11. C ea	alculate your total current monthly income. Add ach column. Then add the total for Column A to the	lines 2 through 10 for total for Column B.	\$ 2	2,100.00	+ \$		= \$ 2,100.00
Part 2:	Determine Whether the Means Test Applie	s to You		_ =			
12. C	alculate your current monthly income for the ye	ar. Follow these steps:					
	2a. Copy your total current monthly income from lin			C	opy line 11 l	nere=>	\$ 2,100.00
,,	zu. Bept your total our one monthly moome from m			•			2,100.00
	Multiply by 12 (the number of months in a year)						x 12
12	2b. The result is your annual income for this part of	the form					12b. \$ 25,200.00
13. C	alculate the median family income that applies	to you. Follow these ste	os:				*
F	ill in the state in which you live.	NV					
F	ill in the number of people in your household.	3					
T	ill in the median family income for your state and si. o find a list of applicable median income amounts, or or this form. This list may also be available at the ba	go online using the link s	pecified i	n the sep	arate instruc	tions	13. \$ 61,211.00
14. H	ow do the lines compare?						
14	4a. Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, cl	neck box	1, There	is no presum	ption of	abuse.
1	4b. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	p of page 1, check box 2	, The pre	sumption	of abuse is	determin	ned by Form 122A-2.
Part 3:			,; -	.,	-,,		
	By soping here, I declare under penalty of period X EUNIQUE V BOYD Signature of Debtor 1	Mo	n this sta	itement a	nd in any att	acnment	s is true and correct.
į	Date March 5, 2017 MM / DD / YYYY						
	If you checked line 14a, do NOT fill out or file F	orm 122A-2.					
	If you checked line 14b, fill out Form 122A-2 an	d file it with this form.					

United States Bankruptcy Court District of Nevada

In re	EUNIQUE V BOYD		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: March 5, 2017

EUNIQUE V BOYD Signature of Debtor EUNIQUE V BOYD 5908 KENMORE STREET North Las Vegas, NV 89031

JANEE ALLEN
P.O. BOX 570422
Las Vegas, NV 89157

AARONS SALES AND LEASE AARONS SALES AND LEASE 2513 S NELLIS BLVD Las Vegas, NV 89121

ACE CASH EXPRESS ACE CASH EXPRESS 1941 N Decatur Blvd Las Vegas, NV 89108

AD ASTRA RECOVERY Acct No 2877 AD ASTRA RECOVERY 3607 N RIDGE RD STE 106 Wichita, KS 67205

ALLIED COLLECTION SERVICE Acct No 9501 ALLIED COLLECTION SERVICE 3080 S DURANGO ROAD STE 208 Las Vegas, NV 89117

AMERICAN MEDICAL COLLECTION AGENCY Acct No 0457 AMERICAN MEDICAL COLLECTION AG 4 WESTCHESTER PLAZA SUITE 110 Elmsford, NY 10523

ANTHONY DEMARTINO, ESQ. Acct No 2359 415 SOUTH SIXTH ST STE 200K Las Vegas, NV 89101

APELLES Acct No 4919 3700 CORPORATE DRIVE STE240 Columbus, OH 43231

CAG ACCEPTANCE LLC Acct No 262 CAG ACCEPTANCE LLC 1208 W BROADWAY ROAD Mesa, AZ 85202 CAPITAL ONE
Acct No 9570
CAPITAL ONE
P.O. BOX 30285
Salt Lake City, UT 84130

CENTENNIAL HILLS HOSPITAL Acct No 4540 CENTENNIAL HILLS HOSPITAL P.O. BOX 31001-0827 Pasadena, CA 91110-0827

CHECK CITY
Acct No 7985
CHECK CITY
5861 W CRAIG ROAD
Las Vegas, NV 89130

CLARK COUNTY COLLECTIONS Acct No 1950 CLARK COUNTY COLLECTIONS 8860 W SUNSET RD STE 100 Las Vegas, NV 89148

CLARK COUNTY CREDIT UNION Acct No 6373 P.O. BOX 36490 Las Vegas, NV 89133-6490

COX COMMUNICATIONS Acct No COMB COX COMMUNICATIONS PO BOX 79175 Phoenix, AZ 85062

COX COMMUNICATIONS Acct No 0100 COX COMMUNICATIONS PO BOX 79175 Phoenix, AZ 85062

CREDIT COLLECTION SERVICE Acct No 6301 P.O. BOX 607 Norwood, MA 02062

CREDIT CONTROL
Acct No COMB
CREDIT CONTROL
11821 ROCK LANDING DR
Newport News, VA 23606

CREDIT ONE Acct No 9937 CREDIT ONE PO BOX 98875 Las Vegas, NV 89126

CREDIT PROTECTION Acct No 2173 CREDIT PROTECTION 13355 NOEL RD 21ST Dallas, TX 75380

CREDIT PROTECTION Acct No 0100 CREDIT PROTECTION 13355 NOEL RD 21ST Dallas, TX 75380

DEPT OF ED/NAVIENT Acct No COMB DEPT OF ED/NAVIENT P.O. BOX 9635 Wilkes Barre, PA 18773

DESERT RADIOLOGIST Acct No 8748 DESERT RADIOLOGIST 8860 W SUNSET RD STE 100 Las Vegas, NV 89148

DIVERSIFIED CONSULTANTS INC Acct No 5220 DIVERSIFIED CONSULTANTS INC 10550 DEERWOOD BLVD Jacksonville, FL 32256-0596

DOLLAR LOAN CENTER Acct No 1950 DOLLAR LOAN CENTER 2685 S EASTERN AVENUE Las Vegas, NV 89169

FINE COLLECTOR CENTER Acct No 8583 P.O. BOX 104540 Jefferson City, MO 65110-4540

FIRSTSOURCE ADVANTAGE, LLC Acct No 2849
Buffalo, NY 14228

IC SYSTEMS COLLECTIONS Acct No COMB IC SYSTEMS COLLECTIONS PO BOX 64378 Saint Paul, MN 55164

IC SYSTEMS COLLECTIONS Acct No 7296 IC SYSTEMS COLLECTIONS PO BOX 64378 Saint Paul, MN 55164

KRAVITZ, SCHNITZER, SLOAN Acct No 2794 KRAVITZ, SCHNITZER, SLOAN 8985 S EASTERN AVE STE 200 Las Vegas, NV 89123

LABORATORY MEDICINE Acct No 0457 LABORATORY MEDICINE 8085 RIVERS AVE #100 Charleston, SC 29406

LAS VEGAS JUSTICE COURT Acct No 5041 800 LEWIS AVE Las Vegas, NV 89101

LV ATHLETIC CLUB Acct No 4791 LV ATHLETIC CLUB PO BOX 88885 Las Vegas, NV 89129

LVNV FUNDING, LLC Acct No 9937 RESURGENT CAPITAL SERVICES MS 596 P.O. BOX 10497 Greenville, SC 29603-0497

MEDICAL PROFESSIONAL COLLECTION Acct No 6490 5055 NEWBURGH PLAZA NEWBURGH, IN 47630

MONEYTREE MONEYTREE 4210 W CRAIG ROAD North Las Vegas, NV 89032 NATIONWIDE INSURANCE Acct No 6301 NATIONWIDE INSURANCE 133 W LAKE MEADE PKWY Henderson, NV 89015

NORTH LAS VEGAS ANIMAL CONTROL Acct No 5134 P.O. BOX 101639 Pasadena, CA 91189-1639

PLUSFOUR INC. Acct No 8748 PLUSFOUR INC. 6345 S PECOS RD STE 212 Las Vegas, NV 89120

QUANTUM COLLECTIONS Acct No 4791 QUANTUM COLLECTIONS 3080 S DURANGO DR STE 105 Las Vegas, NV 89117-4411

RAPID CASH Acct No 2562 RAPID CASH 1360 W CHEYENNE AVE SUITE 101 North Las Vegas, NV 89030

RGS FINANCIAL
Acct No COMB
RGS FINANCIAL
1700 JAY ELKKL DR, STE 200
Richardson, TX 75081

SPRINT Acct No 9501 SPRINT PO BOX 54977 Los Angeles, CA 90054

SUN LOAN Acct No 96 SUN LOAN 1008 E CHARLESTON Las Vegas, NV 89104

T-MOBILE Acct No 5220 T-MOBILE PO BOX 51843 Los Angeles, CA 90051 US BANK Acct No 4919 P.O. BOX 5220 Cincinnati, OH 45201

VANDERBURGH SUPERIOR COURT Acct No 9892 825 SYCAMORE ST Evansville, IN 47708

WELLS FARGO BANK Acct No 7296 WELLS FARGO BANK 3201 N 4TH AVE Sioux Falls, SD 57104